

ELLSWORTH HIGH SCHOOL ALUMNI ASSOCIATION
Confidential Scholarship Application Form EHS Alumni/ae*
(This form is intended for students who continuing their post-secondary education.)



Full Name _____ Soc. Sec.# _____

Permanent Address _____

Date of Birth _____ U.S. Citizen? _____ Are you single: _____ mar: _____ div: _____ wid: _____?

Year of graduation from EHS _____

Copy of your post-secondary academic record attached. _____ **

List your current post-secondary school activities and volunteerism **particularly any that relate to or enhance your academic studies and future goals.** _____

Honors and awards received and offices held at your present educational institution or in community organizations:

Other distinctive recognition (Please explain): _____

Are you a full-time student (12 credit hrs/semester) _____; Part time (6 credit hrs/sem or other) _____

Full time (12 credit hours/semester) Part time _____ (6 credit hours or less)

Program of Study: _____

Associate degree _____ Bachelors degree _____ Other: (Certificate M.S. Ph.D.) _____

Work experience during or since high school _____

Amount you or your parents/guardians have available toward your college expenses \$ _____.

Approximate combined gross income of parents or person(s) responsible for your expenses. \$ _____.

If parents are responsible for your expenses, no. of siblings and/or other immediate family members in elementary or high school: _____, in college _____, other _____. (Note: Count a graduating high school student who will be entering college only once.)

If you are single, living at home, and parents are responsible for your expenses, or if you have a legal guardian, provide their name(s) and address(es) and occupation(s).

Father/mother _____ S

pouse/other individual _____

Name of college or post secondary school _____

Post-secondary school expenses:

Estimated costs: tuition\$ _____; board and room \$ _____; books \$ _____; misc.
(travel, child care, etc.) \$ _____.

Scholarship assistance received or anticipated (source and amounts) _____
_____.

Describe on a separate sheet of paper (not more than 500 words) why you should be selected to receive an EHS Alumni Association Scholarship including your goals and aspirations.

Applications must be postmarked by March 31

Return to:

**Ellsworth High School Alumni Association
Scholarship Awards Committee
P. O. Box 11
Ellsworth, ME 04605-0011**

***All information on this application is confidential and is restricted to the Awards Committee and will be destroyed by burning or shredding upon completion of evaluation. Any portion that is incomplete automatically disqualifies the applicant unless there is a reasonable explanation.**

****This record is essential for committee evaluation.**

CHECK LIST

All requested information has been provided with particular attention to the following items:

- | | |
|--------------------------------------------------------------|----------------------------------------------------------|
| _____ GPA | _____ Financial Information |
| _____ Honors and Awards listed | _____ Extra-Curricular Activities to include work listed |
| _____ Letter explaining why you should receive a scholarship | |
| _____ Program of study identified | _____ Academic goals identified |